

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037617

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032
FILED NOV 13 1962

Primary Registration District No. _____ Registrar's No. 77

VS 300
Rev. 4/59

1 0090
2 0090
3 1
4 0
5 1
6
7 1
8 2
9 420.1
10
11
12 90-2
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wayne Twp.</u> Length of stay in lb <u>16 yrs.</u>		c. CITY OR TOWN <u>Zalma</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt 2, Zalma, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>MONROE</u> Last <u>FARMER</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>30</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-16-1883</u>
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (City and state or country) <u>Desota, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Silas Dewitt Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Horn Farmer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Clara Farmer, Rt. 2, Zalma, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Circulatory failure</u>		<u>3 Min.</u>	
DUE TO (c) <u>Coronary THROMBOSIS</u>		<u>1 Hour</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> p.m. <u>—</u>	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>JULY 58</u> to <u>10-30-62</u> and last saw him alive on <u>10-29-62</u>		Death occurred at <u>8:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>P.A. Mester, M.D.</u> (Degree or title)		22b. ADDRESS <u>Advance Mo.</u>	22c. DATE SIGNED <u>11-1-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-1-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>M'Dee Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wayne County, Mo.</u>
24. FUNERAL DIRECTOR <u>W. H. Morgan, Advance, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/7/62</u>	26. REGISTRAR'S SIGNATURE <u>W. Buford Craden.</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.